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Fill	in this information to id	lentify your cas	se:							
		avid T. Lips								
	otor 2 ouse, if filing)	-				_				
Uni	ted States Bankruptcy	Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA						
		574 AMC					Check if this is			
(II KI	nown)							ent showi	ing postpetition following date:	
O	fficial Form 1	<u>061</u>					MM / DD/ \	YYYY		
So	chedule I: Yo	our Inco	me AMENDE	D						12/1
sup	plying correct inform use. If you are separa ch a separate sheet to	ation. If you a ited and your	ble. If two married peop re married and not filin spouse is not filing wit n the top of any additio	g jointly, and your spo h you, do not include i	use i: nforn	s livi natio	ng with you, incl n about your sp	ude info	rmation about nore space is	your needed,
1.	Fill in your employn information.	nent		Debtor 1			Debtor 2	2 or non-	filing spouse	
	If you have more that		Employment status*	✓ Employed			Emp	oyed		
	attach a separate pa	0		☐ Not employed			☐ Not €	employed		
	employers.		Occupation							
	Include part-time, sea self-employed work.	asonal, or	Employer's name	Select Staffing/ Pep Hamilton	pper					
	Occupation may inclu or homemaker, if it a		Employer's address							
Dor	Civo Deteil	a Abaut Mant	How long employed th				Additional Emplo	yment Ir	nformation	
Par	Give Details	s About Mont	nly Income							
	mate monthly income use unless you are sep		e you file this form. If y	ou have nothing to repor	rt for a	any li	ne, write \$0 in the	space. Ii	nclude your no	n-filing
	u or your non-filing spo e space, attach a sepa		e than one employer, cornis form.	mbine the information for	r all e	mplo	yers for that perso	on on the	lines below. If	you need
							For Debtor 1		ebtor 2 or iling spouse	
2.			, and commissions (be alculate what the monthly		2.	\$	11,266.67	\$	N/A	-
3.	Estimate and list me	onthly overtin	ne pay.		3.	+\$_	0.00	+\$	N/A	-
4.	Calculate gross Inc	ome. Add line	2 + line 3.		4.	\$	11,266.67	\$_	N/A	

Official Form 106I Schedule I: Your Income page 1

Debt	tor 1	David T. Lipscomb	_	C	Case number	(if known)	17-	-14574 A	MC	
					For Debtor	. 4	E	or Debtor	2 0 "	
					roi Debioi	•		on-filing s		
	Cop	by line 4 here	4.		\$ 11,	266.67	\$		N/A	-
	-						-			_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$ 3,4	411.55	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b	٠.	\$	0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c		\$	0.00	\$_		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$	0.00	\$		N/A	_
	5e.	Insurance	5e		\$	0.00	\$_		N/A	_
	5f.	Domestic support obligations Union dues	5f.		\$ \$	0.00	\$ \$		N/A	_
	5g. 5h.	Other deductions. Specify:	5g 5h		\$	0.00	·		N/A N/A	_
_		· · · · · · · · · · · · · · · · · · ·	_		·		· -			_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			411.55	\$_ •		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 7,8	855.12	\$_		N/A	_
8.		all other income regularly received:								
	8a.	Net income from rental property and from operating a business, profession, or farm								
		Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total	_		_					
	O.L.	monthly net income.	8a		\$	0.00	\$_		N/A	
	8b. 8c.	Interest and dividends	8b	٠.	\$	0.00	\$_		N/A	_
	oc.	Family support payments that you, a non-filing spouse, or a dependent regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	8c.		\$	0.00	\$		N/A	_
	8d.	Unemployment compensation	8d		\$	0.00	\$_		N/A	
	8e.	Social Security	8e		\$	0.00	\$_		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance								
		that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies.								
	_	Specify:	_ 8f.		\$	0.00	\$_		N/A	_
	8g.	Pension or retirement income	8g		\$	0.00	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h	.+	\$	0.00	+ \$		N/A	-
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	<u> </u>	0.00	\$		N/A	Δ
				Ľ	·	0.00	L.			
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	7,855.	12 + \$		N/A	= \$	7,855.12
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		–	1,000.			1474		7,000.12
11		te all other regular contributions to the expenses that you list in Schedule	, –							
		ude contributions from an unmarried partner, members of your household, your		ende	ents, your ro	ommate	s, and	b		
		er friends or relatives.			-					
		not include any amounts already included in lines 2-10 or amounts that are not a	availa	able	e to pay expe	enses lis	ted in			0.00
	Spe	cify:					-	11.		0.00
12.	Add	I the amount in the last column of line 10 to the amount in line 11. The res	ult is	the	combined r	nonthly	ncom	ıe.		
	Writ	e that amount on the Summary of Schedules and Statistical Summary of Certain							_	7 055 12
	арр	lies						12.	>	7,855.12
									Combi	
10	Da.	you expect an ingresse or decrease within the year often year file this farm.	2						month	ly income
13.	ר סם	you expect an increase or decrease within the year after you file this form No.	•							
	✓	Yes. Explain:								

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Debtor 1	David T. Lipscomb	Case number (if known)	17-14574 AMC	

Official Form B 6I Attachment for Additional Employment Information

Debtor	
Occupation	Driver
Name of Employer	Uber Philadelphia
How long employed	2 years
Address of Employer	
	Philadelphia, PA
Debtor	
Occupation	Driver
Name of Employer	Lyft
How long employed	2 years
Address of Employer	

Official Form 106I Schedule I: Your Income page 3